

CITY OF INDIANAPOLIS
DEPARTMENT OF CODE ENFORCEMENT
Request for Permit Amendment/Update, Extension, Renewal
or Cancellation

Applicant Name (Printed): _____

Applicant Company (If Applicable): _____

License/Listing #s: Individual: _____ Company: _____

I am the: ☐ Property Owner ☐ Contractor ☐ Other: _____

I am formally requesting a/an:

☐ **Update/Amendment** ☐ **Cancellation** ☐ **Extension** ☐ **Renewal** of the following permits:

Permit Number

Address

Purpose for the update, extension or cancellation: _____

Signature: _____ Date: _____

This Section For Internal Use Only

Comments: _____

Fees: _____ Analyst Initials: _____ Date: _____

Department of Code Enforcement, 1200 Madison Ave, Suite 100, Indianapolis, IN 46225
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www.indy.gov/permits